

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043718

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 14 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Platte | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Platte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | c. CITY OR TOWN Deerborn | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) CHARLES CLIFFORD WEBSTER | | 4. DATE OF DEATH Nov. 30, 1962 | |
| 5. SEX male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/19/'97 9. AGE (last birthday) 65 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Implement Co. | 11. BIRTHPLACE (City and state or country) GreenRidge, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Charles Webster | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Porter | | 14. NAME OF HUSBAND OR WIFE Elizabeth Webster | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Elizabeth Webster, Deerborn, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROKEN NECK, CRUSHED CHEST FRACTURED LEGS & ARMS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH INST. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) STRUCK BY TRUCK | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE ROAD | | 20f. CITY, TOWN, OR LOCATION MARSHALL TWP. PLATTE Mo. | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at APPROX. 10:10 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Roland M. Giffey (Degree or title) Coroner | | 22b. ADDRESS Platte City, Mo. | |
| 22c. DATE SIGNED 12-2-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/2/62 | 23c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cem. | 23d. LOCATION (City, town, or county) (State) Deerborn, Mo. |
| 24. FUNERAL DIRECTOR Veughn & Aufreno, Deerborn, Mo. | | 25. DATE RECD. BY LOCAL REG. 12.2.1962 | |
| 26. REGISTRAR'S SIGNATURE Opheia Rollins | | | |

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1962

JAN 29 1963

JAN 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.